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## I.

ON SMALL AND REPEATED BLEEDINGS IN HÆMOPTYSIS AND INCIPIENT PHTHISIS.\*

By DR. J. CHEYNE.

THESE observations are in the form of a letter from Dr. Cheyne to Dr. Graves, and the author commences by informing us that he has often seen phthisis usher itself in without any unequivocal symptom of pulmonary affection, but apparently as "a fever of an inflammatory kind, with quick pulse, hot skin, flushed countenance, white tongue, high-colored urine, &c." The disease might have passed for a general fever, there being no local disease prominent. Some alleviation of symptoms usually takes place, after a period of two or three weeks, and the physician promises recovery, but is deceived, as phthisis either rapidly advances, or takes a slow but fatal course.

"In the course of such attendances, the physician at last begins to feel some surprise at the continued quickness of the pulse; he fears that all cannot be right while the patient, although he eats well and walks about, does not gain strength; the breathing too is not quite natural, an occasional dry

cough occurs, of which the patient seems unconscious, and emaciation is palpable. The disease has now made some progress, and another physician being called in, the case is looked at with a new eye; night perspirations are discovered; on minute inquiry hectic fever is more than suspected, and the case is pronounced to be incipient phthisis. It is in the more chronic cases to which I have alluded, that small bleedings of six ounces practised once in four or five days have sometimes apparently proved sanative."

There is a species of hæmoptysis, says Dr. Cheyne, or rather of bronchial hæmorrhage, which runs a course of two or three weeks, and which is also attended with symptoms of general fever: but in his judgment both the fever and hæmorrhage are symptomatic of incipient consumption. In these cases recovery seems to take place under antiphlogistic treatment: but the recovery is often not solid. Gradual emaciation is observable, with that ominous dry barking cough, which is often so long a solitary symptom of slowly advancing tuberculation. After some months of declining health, the disease advances more rapidly, and hectic fever concludes the sad history. "Patients of this description may sometimes be saved by timely bleedings, not exceeding six ounces every sixth or seventh day, with a re-

\* Medico-Chirurgical Review.

gimen suited to the strumous diathesis."

"Hæmoptysis in its more common form of pulmonary apoplexy, as it is fancifully called by the French pathologists, may sometimes be successfully treated in the same way, namely, by small bleedings repeated at stated intervals. But these are topics which would require to be more carefully handled than my time at present will permit: they would best be explained, not by the hospital physician, but by him who practises extensively among the upper classes; but unhappily they who, advancing in life, obtain lucrative employment, are often obliged to forsake the favorite pursuits of their youth for occupations neither so interesting nor so agreeable, and their matured experience, which often contradicts the conclusions of youthful zeal, is unproductive to all but themselves."

Dr. Cheyne next proceeds to state a case which first confirmed his opinion respecting the applicability of small bleedings to hæmoptysis. It was that of a gentleman who had long labored under bronchial hæmorrhage, so obstinate that it resisted all the ordinary methods of treatment. Dr. C. observed that the hæmorrhage returned upon excitement of any kind taking place. Even the flurry produced by the Doctor's carriage coming up to the door invariably caused a slight hæmoptoic attack. This suggested the employment of small artificial bleedings. The case is detailed by the patient himself, who is a clergyman. These details we shall abridge.

When about the age of 15 (in the year 1807) the hæmoptysis commenced, and continued annually from that time till 1823, in which

year the attack was so serious that change of air was recommended, and he went to Nice, and ultimately on to Rome. At Rome, and afterwards at Geneva, the bleeding continued, though he had the skilful attendance of Dr. Clark. In November, 1824, he returned to Ireland, and in the course of the winter the complaint increased in frequency and extent of hæmorrhage. Emaciation was the consequence. In February, 1825, the plan of small bleedings was commenced. For some months previously he had daily at least three discharges of blood from the lungs.

"About the middle of February, immediately after an attack, six ounces of blood were taken from the arm. For three days after he had no attack, and on the fourth a slight one, after which six ounces of blood were again taken. No attack, for ten days. The attacks now gradually became less and less frequent, but every week six ounces of blood were taken from the arm. In the beginning of May he went to the country, with directions to continue the stated bleedings, which he did regularly every week, using the lancet himself, and thus being enabled at once to check an attack. The blood was invariably much cupped and buffed; the complaint gradually subsided; health and strength slowly returned. During the whole of the ensuing winter he was able to take exercise in the open air without suffering from cold. In the month of June, 1826, he again entered upon the duties of his profession, from which he has never since been obliged to absent himself, and with the exception of an occasional attack, which occurs generally in the spring and autumn, and is invariably checked by the lancet, he is now in as

good health as he has ever been at any period of his life."

It is curious that till these repeated small bleedings were employed, the digestive organs were constantly deranged; but with the abatement of the hæmoptysis, the stomach began to recover its tone, and the bowels to act without opening medicine.

Of late, Dr. Cheyne has frequently prescribed venesection in the more common form of hæmoptysis, and, in some cases, with success. Unfortunately he has no notes of these cases; but some of them are distinctly in his recollection.

"In bronchial hemorrhage it is not the loss of blood which is destructive to life, but the inflammation and disorganizing process, which is caused by tubercles, of which the hemorrhage is but a symptom, and often even a means of temporary relief. And considering that not merely has the hemorrhage been checked by venesection, but the vascular irritation on which it depends in some sort arrested, I have been led also to try small bleedings once every week or ten days, in what I conceived to be incipient phthisis, and with a degree of success which forbids the relinquishment of that practice. Among other encouraging cases, I may mention that of a young gentleman of a family which consumption had completely ravaged. He came to me last spring with a dry barking cough, (not from cold.) There was a portion of the thorax in which respiration was inaudible, and which, on percussion, emitted scarcely any sound, and was also the seat of uneasiness; and emaciation had already commenced. This patient was relieved by these bleedings, and when I last saw him he said he was quite well, and his appearance did not contradict the assertion.

Both in hæmoptysis and in incipient phthisis, these small bleedings may be practised with safety, and often, if I mistake not, with more advantages than any other remedy in use. To acquire a just view of such cases we ought to consider them as instances of scrofula affecting the lungs, in which an inflammatory state is caused by the presence in that organ of irritating substances, as tubercles doubtless are. In phthisis, these attacks of inflammation in the tuberculated portions of the lungs precipitate disorganization. Phthisis is often, for a long time, only suspected, until uneasiness in the chest, perhaps increased frequency of the pulse, hurry of respiration, and greater debility, prove that inflammation around some clusters of tubercles is more speedily accomplishing the destiny of the patient. If the inflammation were subdued and the general health improved, perhaps it might be within the power of the absorbents to remove tubercles if still in an early stage. This view would justify the exhibition of remedies of opposite kinds. No point is better established than that the scrofulous patient is best treated by nourishing and restorative food and medicine: but there are many cases of scrofula in which we must, for a time, substitute bleeding and an antiphlogistic regimen for generous food and stimulating applications, to prevent the disorganization of a viscus; and of such cases this appears to be one.

In hæmoptysis, venesections act rather as an alternative than a stypitic; mere hæmorrhage from the lungs does not justify the measure. Bleeding, however, is amply justified by the existence, during hæmoptysis, of pain, hurried respiration, or any other symptom of pa-

renchymatous or of membranous inflammation.

In cases of hæmoptysis with inflammatory symptoms, venesection may be necessary during the attack, but generally tartar emetic in nauseating doses, given every hour, or every two hours, proves a more powerful styptic : one-third or one-fourth of a grain of tartar emetic in a draught containing also ten or fifteen grains of nitre, a combination which is often powerfully diuretic, will be still more efficacious. But if respiration be natural, and there be no cough, stricture, or pain in the thorax, the case will be better treated by small doses of opium, two or three grains of Dover's powder, for instance, every two or three hours ; to minute doses of opium may be added a couple of grains of superacetate of lead, or a dose of Ruspini's styptic.

Finally, small bleedings, practised in incipient phthisis, *enable the physician more safely to enlarge the patient's diet, and to prescribe tonics, such as Griffith's mixture or Heberden's ink.* The treatment which I would recommend in incipient phthisis may be stated in a few lines. Journeying, if practicable ; or, what is better still, in fine weather going from shore to shore in the steamers, and short residences at some favorite spot. Diet as generous as the state of the lungs will permit, in some cases a glass or two of claret, and small bleedings. Sponging the chest and arms with very dilute nitro-muriatic acid, or with five parts of Mindererus's spirit, and one of spirit of rosemary : an issue over the most suspected portion of the lungs ; or a succession of blisters, after each bleeding, not much larger than a dollar. A light bitter two or three times a day, with twenty or thirty drops of

laurel water, or the nitro-muriatic acid internally, or perhaps some preparation of iron. If I had time I would explain my reasons for rarely sending patients, in any stage of consumption, to the continent of Europe."

## II.

### USE OF COTTON IN DRESSING WOUNDS.

DR. PESCHIER, Secretary of the Medical Society of Geneva, Switzerland, in a letter addressed to the Editors of the *Bibliothèque Universelle*, states that he has proved with entire satisfaction to himself, that the general opinion of the unfitness of cotton for the purpose of dressing wounds, is altogether an unfounded prejudice ; and that carded cotton, employed either as lint or bandages, is in fact preferable to linen. He does not pretend to be the discoverer of this fact, but refers it to an incidental circumstance which occurred in America. A child which had been most severely burned, was laid upon a heap of carded cotton, while the person who first rescued the child went for assistance. On returning, instead of finding it in agony, it was fast asleep ; and the wounds, though deep, healed rapidly, with no other application than the soft cotton, which they did not venture to detach. It is, Dr. P. remarks, in the most desperate cases that cotton is the most useful in burns. When the skin, and even the flesh, has been shrivelled and roasted with the heat, the application of cotton has been found to promote the sloughing and suppuration without too much pain, thus preserving the life of the patient, otherwise so doubt-

ful under circumstances of this nature.

Dr. Peschier cites the following cases, which came under his own notice. Two artillery men, in charging a cannon too hastily, had their hands and faces so severely burned by a sudden deflagration of the cartridge, that the epidermis was separated. The injured parts were immediately covered with cotton, and so successful was the application, that although the hands, and especially the face, were prodigiously swelled, the eyelids tumefied and the nostrils obstructed, the wounds healed so perfectly that not a trace was left of the accident.

So much for burns. A family of five persons were attacked with typhus, which reduced them to great extremity. They recovered, but one of them, a lad of twelve years of age, became a prey to enormous eschars, on all the parts of his body which were obliged to sustain any pressure, or even a permanent contact; that on the sacrum was at least six inches in diameter, those of the trochanters were the one five and the other four inches, and on each knee was one of two inches, with smaller ones on the feet. The young man was reduced to the lowest degree of emaciation, and so great was the pain that his cries were almost incessant day and night for nearly a month. After trying in vain the ordinary means, Dr. P. thought of carded cotton, and of this he applied a thick compress on each wound. On the first night after, the patient slept, the pains abating as if by enchantment. The application was continued, and in the month of February, the eschars, which had commenced in September preceding, were reduced to

very small simple wounds, and the patient had regained his strength, notwithstanding the enormous suppuration.

The precaution which was observed in this important case, and which Dr. P. considers indispensable to success, was never to change the compress of cotton, except when the amount of suppuration incommoded the patient and almost entirely detached the mass. In dressing, also, great care must be taken to cut with good scissors, and never to pull out the fibres of cotton which adhere to the borders of the wound.

Such unexpected success induced the belief that every kind of wound or ulcer might be treated with decided advantage by dry carded cotton. An opportunity of trying it was soon presented. An unfortunate being, with an enormous cancer of the face, was dressed with cotton, without experiencing from it the least pain. The disease being in its nature incurable, Dr. P. did not pretend to heal it by these means, but he rendered the treatment of it far more supportable.

All kinds of wounds, simple and complicated, have been thus kindly and promptly healed. A wound of the head, complicated with much hemorrhage, was by the same means successfully treated. A prejudice exists that cotton is dangerous to the eyes, but Dr. P. states that he had speedily cured a man who, by falling on some stones, had received a severe contusion of the face, a corner of one of the stones having penetrated and torn the flesh.

Obstinate scrofulous ulcers have been treated in the same manner, with no less success.

"I cite these facts, (observes

Dr. Peschier,) only to demonstrate that cotton is applicable, indiscriminately, to all kinds of wounds and ulcers, and that far from being, as it is unjustly regarded, *poisonous*, that is to say, *irritating*, it furnishes, on the contrary, a material for dressing wounds, of the softest and most pleasant kind. But, I repeat, it is indispensable to success, that the dressings be rare, and that the threads be never pulled or torn from the wound,—a practice which cannot fail to increase either its extent or aggravation. The scissors, lightly handled, must be used to separate from the adhering fibres, the mass, which may be safely detached.

“I would be the first to admit that there is very little scientific merit in substituting cotton for lint; but I deem it to be rendering an important service to the wounded, to their connections, and especially to the attendants at civil and military hospitals, to convince them that they need not be uneasy at the difficulty of procuring lint, a substance not always easy to preserve,—which becomes easily infected with miasmata, and which cannot be kept in large masses without some danger. Carded cotton is found everywhere; it is of trifling value, so that the rich will at no time refuse to buy it for the poor, and hospitals can be at all times well provided with it.

“The same remarks apply to cotton cloth. It is of trifling cost, even when of the finest kind; it has precisely the degree of suppleness which fits it for bandages and compresses; it occupies vastly less space in travelling chests than linen or hemp, and it may be anywhere abundantly obtained.”

*Bibliothèque Universelle.*

### III.

OBSERVATIONS CONCERNING THE BARK OF THE ROOT OF THE POMEGRANATE TREE, AS A REMEDY AGAINST THE TAPEWORM.

By RICHARD PEARSON, M. D.

IN consequence of the strong testimonies recorded by various medical practitioners attached to the East India service in favor of the bark of the pomegranate tree (*Punica Granatum*) in cases of tapeworm, I was induced about two years ago to prescribe it to several patients who had voided portions of that worm, and who had previously taken the oil of turpentine and other anthelmintics, with little benefit. I prescribed the powder of the dried bark of the root, (as recommended by Mr. Breton in the London Medico-Chirurgical Transactions, vol. xi.) in doses of from 3ss. to ℥ii., to be repeated every hour until it should produce some powerful effect; but to my disappointment, in one case it produced no sensible effect whatever, and in two other cases small portions only of the worm came away after its exhibition. The remedy has proved equally unsuccessful in the hands of my friend and colleague, Dr. Eccles, senior physician to the Birmingham General Dispensary. The bark prescribed by both of us was obtained from London by the principal druggist in this town. To account for these failures, I am led to suspect, either that the bark which we used was from the root of a pomegranate tree of British growth, or that it was some other bark in lieu of the pomegranate bark. If it were the bark of a pomegranate tree cultivated in this country, it is easy to account for its want of efficacy; for, to possess

its medicinal properties in full perfection, the pomegranate tree must grow in a hot and dry climate. When cultivated in the gardens of our cold and humid climate, it degenerates—it becomes inert. But perhaps the bark prescribed by Dr. Eccles and myself was not the genuine drug; for Professor Richard of Paris states, that the bark of the barberry (*Berberis vulgaris*) is sometimes fraudulently substituted in commerce for the pomegranate bark. Under these circumstances, I would suggest that no pomegranate bark except that which shall be imported from the East Indies, be offered for sale by the druggists. Mr. Breton has shown that this bark loses none of its virtues by drying; hence it may be easily sent from India reduced to powder, and put into bottles well corked and sealed. It is much to be wished that some able chemist would undertake an accurate analysis of this bark. At present, we only know that it contains tannin and gallic acid, with some wax; and two sorts of saccharine matter,—one partaking of the nature of sugar, and the other of the nature of mannite, (Mitouart, Journ. Pharm. 1824); but none of these principles—not even tannin and gallic acid—will account for its anthelmintic action, nor for its effect on the cerebral system, when administered in full doses, giving rise to vertigo, fainting, &c. I strongly suspect that the pomegranate bark contains a proximate principle—probably a peculiar alkaloid—in which its vermifuge power resides.

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## IV.

## CASES OF PUERPERAL DISEASE.

By JOHN HOMANS, M.D.

Read before the Boston Society for Medical Improvement, October, 1831, and published in this Journal by order of the Publishing Committee.

I OFFER the Society the following cases of lying-in women from my minute book, which I hope may not be without practical benefit.

Mrs. T. had been affected with nausea and occasional vomiting since December last, when she became pregnant for the first time, and for the last month these symptoms became more urgent to the present time, July 30, in the ninth month. Anodyne and other medicines had been administered without benefit; and now, according to her calculation within a fortnight of the fulfilment of her time, she is able to retain nothing on the stomach, has not slept for the last two nights, but has thrown herself from one side of the bed to the other, complaining of great distress in the region of the stomach, in the intervals between frequent fits of retching and vomiting. Yesterday, she slept an hour or two and felt better; but as soon as she attempted to take nutriment, it was instantly rejected, sometimes accompanied with bile. Injections containing laudanum were given with no better effect, for the vomiting seemed to be increased by them, and the laudanum itself, with a liquor resembling coffee, appeared to be thrown up.

July 31. 5 o'clock, A. M., labor pains commenced, recurring at intervals of 20 to 30 minutes, attended with general uneasiness, vomiting still continuing unabated; pulse 115, feeble, and the countenance pale and anxious. Injections

of broth and arrowroot were directed to be given during the day.

At 7 o'clock, P. M., pulse the same; nothing had been retained on the stomach, but the injections were not altogether returned. Pains became more frequent, but not referred by the patient to any part but the stomach.

August 1. Pains have continued through the night; patient looks almost exhausted; pulse weaker, 120.

At 6, P. M., after severe pains for the last four hours, she was delivered of a small child. In twenty minutes the placenta was removed from the vagina, and she said she felt comfortable. In half an hour after this, it was discovered that she flowed profusely; she soon fainted, the pulse was imperceptible and the extremities became cold. Stimulants were given as soon as she could swallow, and 15 grs. of ergot; ice was introduced into the vagina. No uterine contraction had taken place since the expulsion of the placenta; the hemorrhage diminished, and the patient began to rally. After some minutes the flowing returning, the hand was introduced into the uterus, and a slight contraction followed; ice was again put into the vagina, and cold vinegar on the abdomen, and 15 grs. more of ergot were given. By these means the flowing was arrested, but no uterine tumor was perceptible. She flowed at intervals through the night, till fainting repeatedly recurred.

August 2d, 5, A. M., I was called, the nurse supposing the patient dying; her breathing laborious, extremities cold, pulse 130 and hardly distinct. For an hour before I was called, she appeared more comfortable, when she became convulsed, with frothing at the mouth; it was some minutes after I saw her that

she could swallow; brandy was then given, which was frequently repeated in doses of a teaspoonful, and warm flannels and friction were applied to the surface. In an hour she was able to speak, but she knew not where she was, wished to go home, was unconscious of her situation, asked to have "it taken away from her," referring probably to the child, and not knowing that it was born. Her speech was rapid, and articulation indistinct. Through the day urine and fæces passed from her involuntarily; the hemorrhage had ceased. She had not slept for three nights, and now at 4 P. M. looked wildly around, as if she expected to see some object of terror, and then begged most earnestly to have her child taken from her. 2 grs. of Ext. Hyosciamus, with  $\frac{1}{4}$  gr. of Acet. Morphine, were given, and directions to repeat in two hours should she not sleep.

6, P. M. She fell asleep half an hour since; pulse 125; skin warm; is thirsty; lemonade allowed her, which has not been vomited.

August 3. Patient continued to sleep for four hours after I left her, then became restless, and thirst increased. Her mind is somewhat regular. She has no recollection of any event since the birth of her child. The pulse is 126, with throbbing universal. As the bowels had not been moved for 24 hours, 5 grs. of calomel were directed in pill, to be followed in four hours with Epsom Salts 3 ss.

Evening, cathartic had operated four times; heat and throbbing less; pulse 120; is inclined to talk much; speaks very rapidly, and her mind wanders. Directed  $\frac{1}{4}$  gr. of Morphine at bedtime, with 2 grs. of Hyosciamus.

4th. Slept four or five hours during the night; all her symptoms

are better ; she has not vomited since yesterday ; no milk has been secreted.

5th. Is doing well. From this time she continued to improve, and at the expiration of five weeks rode out.

October. My patient has returned from spending a few weeks in the country, and is as well as she ever was. The breasts were not at any time in the least swollen so as to indicate the presence of milk in them.

My hopes of the recovery of this lady were faint. The prostration of the vital powers was so great, for several days after the vomiting ceased, that very small quantities of the lightest nutriment could be taken without causing great distress.

CASE II.—April 2d. Mrs. A. was delivered of her first child at 7½ o'clock A. M., after a natural labor of 5½ hours, and had severe after pains through the day and night following, which were followed by the discharge of large coagula.

On the 3d, she was unusually well until midnight, when she had pain in the head, heat of skin and thirst, which grew more urgent until I saw her on the morning of the 4th. Pulse was now 120, rather sharp, not hard ; respiration hurried ; lochial discharge was abundant ; the breasts were flaccid. Directed castor oil, which operated favorably, and in the evening Nitrat. Potas. and Tart. Antim. in such doses as the stomach would bear without distressing nausea, to be repeated every second hour.

5th. Patient has slept two or three hours, but was disturbed by dreams, frequently starting and talking. Pulse as yesterday ; heat and thirst undiminished ; milk was abundantly secreted.

Directed Epsom Salts 3vj. ; to be repeated in four hours if no operations were produced. At evening visit the salts had operated four times ; pulse softer or rather less sharp ; heat and thirst less. Directed Dover's powder gr. vj. with ipecac. gr. i. at bedtime.

6th. The powder had vomited twice, after which sleep followed for three or four hours. This morning, however, pulse is 125, easily compressed ; much throbbing in the head, and pain in the groin of the right side extending to the thigh and leg, with tenderness on pressure around the groin. The pulse forbade bleeding in my opinion (particularly as the lady was of slender constitution and pale countenance when in the best estate), and the indication of local inflammation existing did not authorise it, though the tendency to it was manifest. I therefore directed Epsom Salts 3j. and fomentations to the affected groin.

7 o'clock, P. M. Salts had operated eight times ; pulse reduced to 115 ; tongue moist, thinly coated as before ; pain in extremities and pubes less ; thirst not so great. Directed powders of Ipecac. and Cal. every fourth hour.

8th. Bad night ; no quiet sleep ; breathing not so free ; pulse 130 ; skin very hot ; tongue dry at the lower part ; pulse as sharp as ever, though smaller ; complains of severe pain in the back of the head, and throbbing in the temples ; the groin, hip and thigh less painful, and not so tender on pressure, but has pain in the left breast, and under the nipple is an exceedingly tender place of the size of a dollar ; the whole gland is swollen ; countenance of patient anxious and pale. Directed Magn. Sulph. 3vj. ; fo-

mentations to the breast, and to be continued to the groin.

Evening. Sulph. Magn. had operated twice. Symptoms not mitigated; complains of nausea. Gave an emetic, which operated three times on the stomach and as many on the bowels in the course of the night.

8th. After the operations, she slept and felt refreshed; heat less; pain in the head gone; no pain in the groin or hip; breast swollen and tender, with less pain; no hardness to be perceived; tongue more moist, and becoming brown. Ordered Sulph. Magn. 3ss.

9th. Salts operated, and powders had vomited; rested well; symptoms all better; pulse 96; gentle perspiration for the last twenty-four hours; tongue cleaning.

8 o'clock, P. M. Another exacerbation this afternoon; pulse now 125; thirst, &c. increased; perspiration checked. Directed Ipecac. 2 grs. and Dov. powder 5.

10th. Powder operated as an emetic three times, and six or eight watery discharges were passed from the bowels during the night; notwithstanding, she rested pretty well; skin moist, and pulse 115.

8 o'clock, P. M. She has had a comfortable day. Skin moist; pulse 92 and weaker; all the symptoms improved.

My patient continued convalescent for a few days, and the tongue became nearly clean, when she had another attack on the 16th. The left breast became tender and swollen. This soon yielded to similar treatment, and on the 20th she was able to sit up for half an hour. The appetite was good, and her strength increased till the 27th, when she had another attack similar to the preceding, the left breast being the only part affected. This lasted

but one day. She recovered rapidly after this, and has enjoyed good health, with the exception of a similar swelling of the breast when her infant was three months old, caused by exposure in damp weather.

The case of this lady was remarkable, as evincing great irritability of constitution. It may be supposed that bleeding, either general or local, should have been had recourse to; but knowing her delicate and nervous constitution, and the lochial discharge being large during the whole progress of the disease, and the pulse being easily compressed, I feared that bleeding would have sunk her; nor did the continuance of the disease alter this opinion. There was, however, at the early part of the case, a tendency to inflammation of the left limb; but the saline cathartic and fomentations overcame it. The irritability of the mamma was great. Frequency of the pulse, unaccompanied by hardness, we know sometimes follows parturition; but in those, chiefly, who are of an irritable habit. To such, abstraction of blood is injurious; emetics and saline cathartics seem to be sufficient to dispel the febrile symptoms, and these should be repeated on every new attack, until the morbid disposition is worn out.

The two following cases exhibit labor preceded by symptoms of cholera.

CASE III.—Mrs. C., the mother of four children, and daily expecting to be delivered of another, was taken sick with pain in the stomach and bowels, attended with vomiting and diarrhoea, at 6 o'clock in the morning of July 29, 1829. I saw her at 9 o'clock. She was lying down; countenance anxious; skin

natural ; pulse 90 and very weak, so that merely touching them would compress them. She ate berry pudding yesterday, and attributes her disorder to that. She cannot speak loud, is unable to rise without assistance, but had not vomited for half an hour. Opium and an absorbent mixture, with cordials, were prescribed, which seemed to operate favorably. She was better at 12 o'clock, in every respect, except that the extreme weakness of the pulse still continued.

At 4, P. M., labor pains commenced. The vomiting and diarrhoea had recurred at more distant intervals ; pains gradually increased, and my patient became encouraged. At 7 o'clock, Dr. C—— visited her in consultation, who advised to support her with such stimulants and nourishment as she could bear, and wait for the expulsion of the child. At 11, the child, in a state of putrefaction, was born, and in half an hour the placenta followed. She asked to see the child, spoke stronger, took some wine, and said she thought she should go to sleep and wake up better. The hope which the birth of the child and her composure inspired, soon vanished. October 12th she fainted, the pulse could not be felt at the wrist, and she expired at 2 in the morning. Liberty to inspect the body could not be obtained.

CASE IV.—While transcribing the above cases, I was called to Mrs. A. at 10 o'clock on Friday morning, 21st inst., who awoke with severe pain in the stomach and bowels, with frequent discharges from the latter, and vomiting and violent pain in the head. She had been daily expecting to be sick, having completed (as she thought) the ninth month of pregnancy. Five

weeks since, she was very sick with cholera. In the morning, at 9 o'clock, the evacuations continued, though not so frequent or painful ; the pulse was 115. She complains of great weakness ; has no pains resembling labor.

At 6, P. M., I was requested to visit her ; labor pains had commenced three hours since ; they were strong, and at 7 she was delivered ; the placenta was removed at a quarter before 8. She complained of numbness in the limbs, and lost all recollection of her situation ; her speech became unintelligible ; pulse 130 and extremely weak ; there was rather more hemorrhage than usual, but not sufficient to account for the debility. Wine and opium and the volatile alkali were given, and warm flannels wrapped around the limbs, which were cold. At 10 o'clock vomiting, with discharge from the bowels, returned. This state lasted till 12, when the symptoms began to mitigate.

8 o'clock, A. M. She had slept two hours, and awoke without pain, and feeling refreshed. Her mind was regular ; pulse 110 ; skin but little warmer than natural ; very thirsty. From this time she had no evacuation from the stomach or bowels until this morning, after taking castor oil. She is now doing well.

The recollection of the case preceding this was present to my mind, and gave me great anxiety to the result, for the symptoms of the first part of both cases were similar.

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 BOSTON, NOVEMBER 22, 1831.
 

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**A CLASS OF ABORTIVES.**


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THERE exists a very strange notion among most people, that there is, in our materia medica, a class of medicines with the power of producing abortion. No such class most assuredly has ever found place there, nor is any medicine known which possesses this power. Slight as the causes are which occasion miscarriage in persons strongly predisposed to it, there is no article which exerts sufficient influence over the uterine apparatus, to bring about this condition where the predisposition does not exist. No fact is probably better established than this, and why it is that certain articles have a reputation for such efficacy, it is difficult to imagine.

A controversy on this subject has attracted our notice in an English journal, and, in the course of it, we remarked particularly some very just views expressed of the precise efficacy of the secale cornutum, a medicine of great value, the medicinal virtues of which were originally discovered in this country, (by Dr. Rosscott, we believe, of Newburyport,) and which is but just beginning to be well understood abroad.

Because ergot exerts so decided and immediate and unquestionable an influence over the efforts of the uterus during parturition, an impression has gone abroad, even among medical men, that it is capable of

inducing uterine contraction *de novo*. The fact is that ergot has in all probability no effect whatever over this organ, except during parturition. This sentiment was expressed in the 2d volume of this Journal (p. 298), and from subsequent observation, we are induced to believe it will prove correct. It receives confirmation from the universal failure of the medicine to induce pain, *after the completion of labor*, and from the extremely various and contradictory accounts of its supposed effects *before its commencement*. It is also confirmed by analogy, as set forth by Dr. Venables in the controversy alluded to.

"I know," says he, "that this drug is often administered to quicken the tardy and languid operations of the uterus, and no doubt, in some instances, with advantage. But there is a wide difference between assisting, and wholly preventing the natural functions of the organic system. The languid uterus may be excited to a more vigorous performance of its natural functions by a proper and judicious exhibition of such a medicine; but from what analogies can we infer that a natural operation is to be perverted or arrested, and an unnatural one substituted in its stead?"

Certain it is that some females, who have had reason to adopt every method they supposed to promise anything toward producing this effect, have undergone severe and repeated vomiting, drastic purging, and various other operations, without success:—preferring even death to the inevitable consequences of a failure

in their object, they have swallowed the most disgusting and powerful drugs—oils, essences, and decoctions—to the imminent hazard of life; and yet, after all, been compelled to suffer disappointment, and submit, however unwillingly, to the just punishment of their crime. Cases of this kind show us the difficulty, if not impossibility, of bringing on uterine contraction by any known medicine, where a predisposition to it does not exist. A like view of the subject has been taken by most authors.

“Every woman who attempts to promote abortion, does it at the hazard of her life.”—*Bartley*.

“There is no drug which will produce miscarriage in women who are not predisposed to it, without acting violently on their system, and probably endangering their lives.”—*Male*.

“It has frequently occurred that the unhappy mother has herself been the sacrifice, while the object intended has not been accomplished.”—*Dr. G. Smith*.

“But we must conclude that there is no medicine, or abortive means, which always produce abortion, and nothing but abortion; there is none which does not endanger the lives of the mother and infant.”—*Ryan*, p. 154.

“Now we shall have occasion hereafter to show that medicines, internally administered, can seldom produce abortion.”—*Paris and Fonblanque*, vol. iii. p. 90.

And again—

“From a very early period attempts have been made to devise means of procuring abortion, by the administration of certain drugs, which were considered as capable of acting specifically upon the womb, and of occasioning the exclusion (expulsion?) of its contents. It would be idle to

enumerate the various substances which have, at different times, been employed for such a purpose, not a few of which were derived from the fertile sources of credulity and superstition; and yet we are bound to admit, that upon this occasion, at least, credulity has proved a blessing to mankind, by suggesting the substitution of a harmless amulet, or an inefficacious drug, for an application of extreme violence and danger, and perhaps of death. *The physicians of the present age disclaim the existence of any specific class of abortives*; but we are ready to admit that the administration of violent medicines, by involving the uterus in the general shock thus given to the system, will occasion abortion, *provided there exist* at the same time a certain predisposition on the part of the female: should this latter condition, however, be wanting, the *potulum abortionis* may, by the violence of its operation, *destroy the life of the unhappy mother*, or very materially injure her, without accomplishing the object for which it was administered.”

Burns, too, after speaking of the secondary effect sometimes attributed to strong cathartics, which induce tenesmus and inflammation of the stomach and bowels, takes care to add, that “it cannot be too generally known that when these medicines do produce abortion, the mother will seldom survive their effect.”

The above authorities are all cited by Dr. V., and, in addition to them, he brings the evidence of his own experience, which is the evidence of an accoucheur well skilled and long practised in every branch of the obstetric art.

## FACTS RESPECTING CHOLERA.

MOST authors who have given us a history of this disease, have agreed that the most characteristic circumstance by which it is distinguished from the common cholera, is the absence of bile among the egesta, and the copious evacuation of a fluid like rice-water. This condition is supposed to be occasioned by a spasmodic closure of the duct, which ordinarily conveys the secretion of the liver into the duodenum. An English surgeon has come forward with some cases in which these occurrences were noticed in England, and similar observations are said to have been made by another, from time to time, for the last forty years. These cases go to prove, either that the Indian Cholera has long existed in England, but never assumed an epidemic or very malignant character,—or, that the above-mentioned diagnostic is not to be depended on. If the latter, which is the most probable conclusion, be correct, then the public mind should be informed, to this effect; for, unless apprised of the fact, much needless alarm and anxiety may be occasioned by the occurrence of cases of this description.

Dr. Macmichael has published a pamphlet, the object of which is to show that cholera is contagious. We have not seen it, but understand it is in the form of a letter to Sir Henry Halford.

An epidemic of great malignancy has visited Elsinour. It resembles typhous fever, and is perhaps modified by the constitution of the atmosphere. It is a little remarkable that this place has escaped the cholera,

which has committed such ravages in various places on the Baltic.

Factitious mineral waters appear to be in much repute in Russia as a *preventive* of cholera. *It is said* that of the numerous individuals who have gone through a course of these waters, not one has fallen a victim to the disease, although 15, by the common rates of mortality, should have fallen by it. Only 6 have been attacked, and these had the disease with comparative mildness, and recovered. The composition of these waters is stated to be the result of a series of chemical experiments on the nature of the disease, which has been pursued with great skill by Dr. Foenichen and Mr. Hermann, two scientific gentlemen, who have received, in consequence, the honor of knighthood, from the Emperor of Russia. No account is yet given of the nature of the experiments or the waters. Since the paper of Dr. Stevens, the connection existing between the chemical composition of the blood, and malignant diseases, has attracted serious attention, and assumed new importance. We wait for some accurate detail of the experiments above alluded to.

## LIVING STATUE.

A NOVEL and singular personation of statuary, by a Mr. Frimbey, of Europe, has been attracting much attention, recently, in New York. By an astonishing command of his extraordinary powers, he represents marble statues, with such appropriateness and beauty of position, and such invisible effort, that the most attentive observer is unable to discern the reality of his existence, or the prevalence of animal life. When he

moves from one position to another, the act is accomplished in a manner which the beholder imagines is through the influence of unseen machinery. The New York Evening Journal says: "The introduction of his *Living Statue* struck us with wonder and admiration; the novelty of the undertaking, and the masterly style of its execution, command our praise and thanks; for, from our artists and statuaries, it has removed a heavy drawback upon their talent. While Mr. Frimbley remains amongst us, who need want an elegant subject for statue or painting? The impression his first appearance made upon us, we never shall forget. A form of marble struck our view; we gazed, but could not credit that human art could approach so near perfection. No semblance of life presented itself; all was motionless and still, until the spring, as it were, was touched, which set this wonderful machine in motion; these springs seem gradually wound up to their pitch, and the statue falls. Even then the grandeur of its fall leaves no room to think it is a living man."

*Common Salt a Remedy for Animal Poison.*—The Rev. J. G. Fischer, formerly a missionary in South America, says he "actually and effectually cured all kinds of very painful and dangerous serpents' bites, after they had been inflicted for many hours," by the application of common salt, moistened with water and bound upon the wound, "without any bad effect ever occurring afterwards."

"I, for my part," says he, "never had an opportunity to meet with a mad dog. I cannot, therefore, speak from experience, as to hydrophobia. But that I have cured serpents' bites always, without fail, I can declare in truth." He then cites a case from a newspaper, in which a person was bitten by a dog, which in a few hours died raving mad. Salt was

immediately rubbed for some time into the wound, and the person never experienced any inconvenience from the bite.

Mr. Fischer was induced to apply the above remedy, from a statement made by the late Bishop Loskiell in his history of the Missions of the Moravian Church in N. America, purporting that certain tribes of Indians had not the least fear of the bite of serpents, relying upon the application of salt as so certain a remedy, that some of them would suffer the bite for the sake of a glass of rum.—*Jour. of Royal Inst.*

*Action of the Pile on living Animal Substances.*—M. Matteuci found that the poles of a Voltaic pile of fifteen pairs, applied to two wounds made on the lateral parts of the abdomen of a rabbit, so as to leave the peritoneum bare, soon occasioned a yellow alkaline liquor, containing many bubbles of air, to collect at the negative pole, while a yellow liquid, with few bubbles and slightly acid, collected at the positive pole. The poles were of gold. The same results were obtained on other parts of the body, as the liver, intestines, &c. The substance obtained at the negative pole, besides alkali, contained much albumen, coagulated by heat; the fluid at the positive pole also contained a highly-azotated substance.

These experiments are considered by M. Matteuci as supporting the opinion that secretions in the living body are the result of electrical decomposition.—*Ann. de Chim.*

*Tenacity of Vegetable Life.*—Mr. Houlton produced a bulbous root to the Medico-Botanical Society, which was discovered in the hand of an Egyptian Mummy, in which it had probably remained for two thousand years. It germinated on exposure to the atmosphere; when

placed in the earth it grew with great rapidity.—*Ibid.*

**Cholera.**—It appears by the accounts brought by the Morea, which arrived here on Friday, that the cholera is making a frightful progress in Europe; it is rapidly spreading over Germany, and making its way by slow but sure advances to the Rhine and the frontiers of France. In Vienna it has broken out in a violent manner, and the utmost consternation prevails. On the 14th September, forty-one persons were attacked, out of which number ten died, one was cured, and 30 at the close of the day remained ill. On the 15th, the malady increased; 64 died, none cured, and 105 remain ill. This estimate probably falls far short of the actual number of deaths.

**WILLIAM E. HORNER, M.D.**, late Adjunct Professor of Anatomy in the University of Pennsylvania, has succeeded Dr. Physick in his professorship.

**New York University.**—At a late meeting of the Council of the University, appointments were made for courses of public Lectures during the season, in Moral Philosophy; the Evidences of Revealed Religion; Modern History; Oriental Literature; Political Economy, and Geography and Statistics. The Lecturer in the first course is the Rev. Dr. Cox, who has already been requested to deliver his course before the Young Men's Society of the city.

THE case of Mr. S. is truly an afflicting one. We shall lose no time in ascertaining how far the instrument in question may promise him relief.

Whole number of deaths in Boston for the week ending Nov. 12th, 24. Males, 9—Females, 15.

Of consumption, 8—bilious colic, 1—dropsy, 1—lung fever, 2—cancer, 1—teething, 1—hemorrhage, 1—debility, 1—throat distemper, 1—childbed, 1—bowel complaint, 1—convulsions, 1—hooping cough, 1—unknown, 3.

## ADVERTISEMENTS.

### CHEMICAL MANIPULATION.

BEING Instructions to Students in Chemistry, on the Methods of performing Experiments of Demonstration or of Research with Accuracy and Success. By MICHAEL FARRADY, F.R.S. First American, from the London Edition. Edited by J. R. MITCHELL, M.D.—This day received, by CARTER & HENDEE. Nov. 22.

### LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend.

October 2, 1831.

JOHN JEFFRIES.

\* \* The Lectures are delivered for the benefit of the Infirmary.

Oct. 18.

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